

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

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Assistant Commissioner for Patents
Washington, D.C. 20231

DEC 04 2000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

020462 HM12/0921
SMITHKLINE BEECHAM CORPORATION
709 SWEDELAND ROAD P O BOX 1539
KING OF PRUSSIA PA 19406-0939

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Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

William T. Han (Depositor's name)

William T. Han (Signature)

11/30/2000 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/208,140	12/09/98	002	ZEMAN, R	1645 09/21/00
First Named Applicant	DEL VECCHIO, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION HEPATITIS C VIRUS NS5B TRUNCATED PROTEIN AND METHODS THEREOF TO IDENTIFY ANTIVIRAL COMPOUNDS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 P50743	435-005.000	S48	UTILITY	NO	\$1210.00	12/21/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William T. Han

2 William T. King

3 Charles M. Kinzig

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE SmithKline Beecham Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Philadelphia, Pennsylvania, USA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ Corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

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